COVER SHEET FOR AMENDMENT OF SECRETARY OF THE SENATE PUBLIC RECORDS POST-TRAVEL SUBMISSION

Date/Time Stamp

2019 SEP 17 PM 12: 40

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a posttravel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Senator Mike Lee
Employing Office/Committee: Senator Mike Lee
Travel Expenses Paid by (List all sources): American Enterprise Institute
Travel Date(s): March 7-10, 2019
Description/Title of Attached Forms: <u>Senators and Officers</u> Post-Travel
Disclosure of Travel Expenses
•
Purpose of Amendment (describe the reason for amending original submission): To Correct an
•
inconsistency in pre-travel and post-travel forms submitted.
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9117/19 Minh
(Date) (Signature of Traveler)

(Revised 4/19/2010)

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SENATORS AND OFFICERS POST-TRAVEL DISCLOSURE OF TRAVEL EXPENSES

Date/Time Stamp: RECEIVED SECRETARY OF THE SENATE

	LOSUILE OF I			POST OF RECORDS
ttachments, MUST b	• •	e of Public Records,	rtification Form and all Room 232 of the Hart	2019 SEP 17 AM 9: 49
n compliance with	Rule 35.2(a) and (c),	, Se	en. Mike Lee	, make the following
_		(Name of Se	nator/Officer) will be reimbursed/paid	
Private Sponsor(s) (list all): American I	Enterprise Institu	te	
ravel date(s): Mare				
Destination(s): Sea	ı Island, GA			
Relationship to Men	DENT CHILD, ONLY	use	NG DIÐ NOT INCREA	SE DUE TO THE ACCOMPANYING E EXPENSES. (Attach additional page
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate X Actual Amount	\$1,504.42 (\$954.30 airfare, \$550.12 round trip ground transportation)	\$1368.93	\$227 (3 breakfast) (2 lunch) (2 dinner)	N/A
Expenses for Accor	mpanying Spouse or	Dependent Child (if applicable)	
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate ☐ Actual Amount	\$718 (airfare only)	\$0	\$227 (3 breakfast) (2 lunch) (2 dinner)	N/A
-	on of all meetings ary attached.			55.2(c)(6). (Attach additional pa

March 18, 2	March 18, 2019				
	(Date)				
(Revised 1/3/11)					

(Signature of Senator/Officer)

Form RE-3